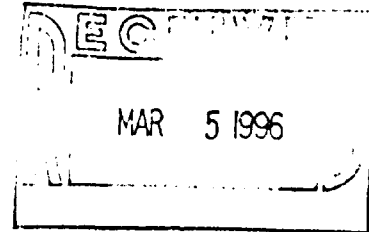


VILLAGE OF SAUGET
PHYSICAL/CHEMICAL
WASTEWATER TREATMENT PLANT
10 MOBILE STREET
SAUGET, ILLINOIS 62201
(618) 271-4085

K.07
3/1/96

153626

CERTIFIED MAIL
Return Receipt Requested
Z 033 899 580



March 1, 1996

Mr. William Radlinski
Illinois Environmental Protection Agency
Division of Land Pollution Control #2
Post Office Box 19276
Springfield, Illinois 62794-9276

Subject: 1995 Hazardous Waste Report- Sauget WWTP

Dear Mr. Radlinski:

Please find attached our facility's 1995 Hazardous Waste Report.

I can be reached with any questions or comments at (618) 337-1710
or at American Bottoms Treatment Plant, One American Bottoms
Road, Sauget, Illinois 63012.

Sincerely,

Kay E. Anderson
Kay E. Anderson
Environmental Compliance Manager

KA:lkb

Enclosures

c: Helen Cherry
Daniel P. Gallagher
George R. Schillinger

9 7 1 3 2 2

3/1/96

SAUGET HWTP
10 MORILE AVE
SAUGET

62201

ILLINOIS Environmental Protection Agency
1995 Hazardous Waste Report
Form IC — Identification and Certification

Instructions for this form found on pages 6 - 12.

This form must be completed for the location shown on the above label. If you need additional forms for other locations, call IEPA.

SEC. 1 - GENERATOR STATUS

A. 2 RCRA Generator Status (Enter one code)
31

- 1 = LQG
2 = SQG
3 = CESQG
4 = Nongenerator (Continue to Box B)
- } Skip to Box C



MAR 5 1996

B. Reason for not generating (Check all that apply)

- 32 ☐ Never generated
33 ☐ Out of business
34 ☐ Only excluded or delisted waste generated
35 ☐ Only non-hazardous waste generated
36 ☐ Periodic generator, none in reporting year
37 ☐ Waste minimization activity
38 ☐ Other (Specify in comments box)

C. 2 Status Time Period: 1 = Expected to be the same next year and following years. 2 = Expected to change next year.
39

SECTION II. ENTER THE SIC CODE(S) FOR THIS LOCATION.

4 9 5 2
40

SECTION III. ON-SITE WASTE MANAGEMENT STATUS (enter one code for each question)

- A. 56 1 RCRA regulated (permitted or interim status) storage
B. 57 1 RCRA permitted or interim status treatment, disposal, or recycling
C. 58 1 Treatment, disposal, or recycling exempt from RCRA permit requirements.

SECTION IV. WASTE MINIMIZATION ACTIVITY DURING THIS REPORTING YEAR (Enter Y [Yes] or N [No] for questions A-E)
(ONLY LQG'S SHOULD COMPLETE SECTION IV)

- A. 59 ☐ Did this site begin or expand a source reduction activity this year? If "no" refer to page 45 and list factors in D first row. If "yes" complete Form GM Section IV.
B. 60 ☐ Did this site begin or expand a recycling activity this year? If "no" refer to page 45 and list factors in D second row. If "yes" complete Form GM Section IV.
C. 61 ☐ Did this site systematically investigate opportunities for source reduction or recycling?
D. Did any of the factors listed on page 46 delay or limit this site's ability to initiate new or additional source reduction or on-site or off-site recycling activities this year; if yes, refer to page 46 and enter Y on the appropriate row below.

SOURCE REDUCTION LIMITING FACTORS

a. 62 b. 63 c. 64 d. 65 e. 66 f. 67 g. 68 h. 69 i. 70 j. 71

RECYCLING LIMITING FACTORS

a. 72 b. 73 c. 74 d. 75 e. 76 f. 77 g. 78 h. 79 i. 80 j. 81 k. 82 l. 83 m. 84 n. 85 o. 86

E. 87 Does this site have in place an organized program to implement recycling and/or source reduction activities? If "yes", refer to page 49 and mark all activities which describe your program on spaces 87 through 99.

a. 88 b. 89 c. 90 d. 91 e. 92 f. 93 g. 94 h. 95 i. 96 j. 97 k. 98 l. 99 m. 100

COMMENTS: 101 Enter Y (Yes) if you have comments regarding this page and attach extra sheet.

SEC. V. This Agency is authorized to require this information under 415 ILCA 5/4 and 21 (b)(2). Disclosure of this information is required. Failure to do so may result in a civil penalty up to \$25,000 for each day the failure continues, a fine up to \$1,000,000.00 and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

CERTIFICATION I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. Please print: Last Name Gallagher First Name Daniel B. Title Plant Manager

C. Signature [Signature] D. Date of signature 02/29/96

ILD 000 672 329 163 12150 03

SAUGET WWTP
10 MOBILE AVE
SAUGET

IL
62201

ILLINOIS Environmental Protection Agency
1995 Hazardous Waste Report
Form TI — Transporter Identification

Instructions for this form found on page 29.

1. U.S. EPA ID No. I L D 0 0 6 4 9 3 1 9 1
31

Transporter Name and Address:

Schiber Trucking Company
1701 South Delmar
P.O. Box 68

Hartford, Illinois 62048

2. U.S. EPA ID No. 43

Transporter Name and Address:

Illinois Special Waste Hauling Permit No. 0 0 2 5
127

Illinois Special Waste Hauling Permit No. 131

3. U.S. EPA ID No. 55

Transporter Name and Address:

Illinois Special Waste Hauling Permit No. 135

4. U.S. EPA ID No. 87

Transporter Name and Address:

Illinois Special Waste Hauling Permit No. 139

5. U.S. EPA ID No. 79

Transporter Name and Address:

Illinois Special Waste Hauling Permit No. 143

6. U.S. EPA ID No. 91

Transporter Name and Address:

Illinois Special Waste Hauling Permit No. 147

7. U.S. EPA ID No. 103

Transporter Name and Address:

Illinois Special Waste Hauling Permit No. 151

8. U.S. EPA ID No. 115

Transporter Name and Address:

Illinois Special Waste Hauling Permit No. 155

COMMENTS: 159 Enter: Y (Yes) if you have comments regarding this page and attach extra sheet.

Page 2
13